Bureau of Professional Licensing
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www.michigan.gov/bpl
BPL-nursecert@michigan.gov

MICHIGAN NURSING SCHOOL CERTIFICATION

Authority: 1978 PA 368

Name of Nursing School _____ City, State _____

I certify that the applicants have fulfilled all requirements for: ☐ **LPN** ☐ **RN Associate** ☐ **RN Bachelor**

Signature of Dean or Registrar _____ Date of Signature _____

Type or Print Name of Dean or Registrar _____ Program Completion Date _____ Conferred Date _____

Please list names in alphabetical order and include at least the last 4 digits of the social security number

Full Name	Date of Birth (MM/DD/YYYY)	Social Security Number

LARA/BPL-NURSEROSTER (Rev. 05/16)

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